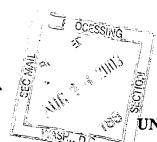
# FORM D



### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

124	6138	84	
	MB APPE		
OMB N	ımber:	3235-00	76
Expires	Novem	ber 30, 20	01
Estimat	ed averag	ge burden	
hours p	er respon	se 16.	00 (

SEC USE ONLY						
Prefix	Serial					
DATE RE	CEIVED					

The state of the s	<u> </u>	······································
Name of Offering (☐ check if	this is an amendment and name has changed, and in	dicate change.)
Limited offering of	Class A Membership Interest	
Filing Under (Check box(es) that	apply): ☐ Rule 504 ☐ Rule 505 🖾 Rule 506	☐ Section 4(6) ☐ ULOE
Type of Filing:  New Filing	☐ Amendment	
1. Enter the information requested Name of Issuer ( check if the	A BASIC IDENTIFICATION DATA I about the issuer is is an amendment and name has changed, and indic	ate change.) 03059975
Address of Executive Offices 4930 Sandpiper Lane	(Number and Street, City, State, Zip Code), St. Petersburg, FL 33711	Telephone Number (Including Area Code) (727) 430-1037
Address of Principal Business Op (if different from Executive Office	perations (Number and Street, City, State, Zip Code) es)	Telephone Number (Including Area Code)
Brief Description of Business		
Holding company. W	holly-owned subsidiary to apply for	all required licenses, permits
and certificates to	establish and operate a health mai	ntenance organization in Florida.
Type of Business Organization	☐ limited partnership, already formed	☑ other (please specify):
☐ business trust	☐ limited partnership, to be formed	limited liability company CESSE
Actual or Estimated Date of Inco Jurisdiction of Incorporation or C	Month Year Organization: 0 2 0 3 Organization: (Enter two-letter U.S. Postal Service ab CN for Canada; FN for other foreign	☑ Actual ☐ Estimated
GENERAL INSTRUCTIONS		HUACIAL

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A RASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - · Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☑ Executive Offic	er 🗆 Director	General and/or     Managing FARKS Member
Full Name (Last name first, if individual)		
Bruce Frieman		
Business or Residence Address (Number and Street, City, State, Zip Code)		
4930 Sandpiper Lane, St. Petersburg, Florida 33711		
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☑ Executive Office	er 🗆 Director	☑ General and/or Managing Partner Membe
Full Name (Last name first, if individual) Bruce Carpenter		
Business or Residence Address (Number and Street, City, State, Zip Code)	•	· · · · · · · · · · · · · · · · · · ·
5026 Greystone Way, Birmingham, Alabama 35242		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Office	cer 🗆 Director	General and/or Managing Partner
Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·	
Nandkishore Ranadive		
Business or Residence Address (Number and Street, City, State, Zip Code)		
9213 Bentley Park Circle, Orlando, Florida 32819		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Office	cer Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		,
Check Box(es) that Apply:	cer 🗆 Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Office	cer Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Office	cer Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

				B. In	FORMA	TION A	BOUT O	FFERIN	3				
1. Has t	he issuer s	old, or doe	s the issue	er intend to	sell, to n	on-accredi	ted invest	ors in this	offering?			Yes □	No &
			Ans	wer also ii	n Appendi	x, Column	2, if filin	g under Ul	LOE.				
2. What	is the min	imum inve	stment tha	t will be a	ccepted fr	om any ind	lividual? .				<b>s</b> _	25,00	0
	1				•	Ť						Yes	No
3. Does	the offerin	g permit jo	oint owner	ship of a s	ingle unit?								
sion o to be list th	the information of similar realisted is an alle name of aler, you n	muneration associated the broker	n for solici d person o or dealer.	tation of p r agent of If more th	urchasers i a broker o nan five (5	n connection r dealer re persons t	on with sal gistered w o be listed	les of secur with the SE d are assoc	ities in the C and/or v	offering. I vith a state	f a person or states,		
Full Name	(Last nam	e first, if i	ndividual)							<del></del>			
N/A													
Business o	r Residenc	e Address	(Number	and Street	City, Stat	e, Zip Coo	le)		<del></del>				
			•	•	•		,						
Name of A	ssociated 1	Broker or l	Dealer										
States in V	Vhich Perso	on Listed I	Has Solicit	ed or Inte	nds to Soli	cit Purcha	sers						
		_									_		
•	'All States'	or check	individual	States)								⊐ All Si	
[AL]	[ AK ]	[ AZ ]	[AR]	[ CA ]	[ CO ]	[CT]	[DE]	[DC]	[ FLX]X	[ GA ]	[HI]		
	[ IN ]	[ IA ]	[KS]	[KY]	[ LA ]	[ME]	[ MD ]	[ MA ]	[MI]	[MN]	[MS]	[ MO ]	
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[RI]					[01]	i A T l	[ VA ]	[WA]	[ " ' ]	[ **1 ]		(110)	<u> </u>
Full Name	(Last nam	e iirsi, ii i	ndividuai)										
				4.5									
Business o	r Residenc	e Address	(Number	and Street,	City, Stat	e, Zip Cod	le)						
Name of A	ssociated 1	Broker or 1	Dealer			· · <u></u>							
States in V	Vhich Perso	on Listed I	Has Solicit	ted or Inte	nds to Sol	icit Purcha	sers						
											ŗ	7 4110	
-	'All States'			-								□ All S	
[AL]	[ AK ]	[ AZ ]	[ AR ]	[ CA ]	[ CO ]	[CT]	[DE]	[DC]	[FL]	[GA]	[H]		_
		[ IA ]	[KS]	[KY]	[LA]	[ME]	[ MD ] [ NC ]	[ MA ] [ ND ]	[MI]	[ MN ] [ OK ]	[ MS ] [ OR ]	[ OM ]	•
[MT] [RI]	[ NE ] [ SC ]	[ NV ] [ SD ]	[ NH ] [ TN ]	[ NJ ] [ TX ]	[ MM ] [ UT ]	[ NY ] [ VT ]	[VA]	[WA]	[OH] [WV]	[WI]	[WY]	[PA]	
Full Name					[0.]	[, , ]	[ ,,,,]	[]	[ · · · ]	[ ]	[ ]		, , , , , , ,
	(======================================												
Business of	- Davidana	- Addmone	(Niverhee	and Ctuant	City Stat	o Zin Cod	la)				=		
Dusiness o	i Residenc	e Address	(Number)	and Sueer	, City, Stat	e, zip Coc	(6)						
Name of A	ssociated :	Broker or	Dealer										
States in V	Vhich Pers	on Listed	Has Solici	ted or Inte	nds to Sol	icit Purcha	sers					<u> </u>	
											,		<b></b>
	"All States"								_			□ All S	_
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H]	[ ID	_
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[ PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	\$
	Equity	s	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	s
	Partnership Interests	\$	\$
	Other (Specify Class A Membership Interests up to	<u>\$5,500,000</u>	\$5,150,000
	Total	<u>\$5,500,000</u>	\$5,150,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors.	11	\$5,150,000
	Non-accredited Investors	0	so
	Total (for filings under Rule 504 only)		. \$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		s
	Regulation A		. s
	Rule 504	-	s
	Total		s
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	□	s_0
	Printing and Engraving Costs	🗵	\$ 2,100
	Legal Fees		<u>\$ 123,000</u>
	Accounting Fees		<u>s</u>
	Engineering Fees		<u>s</u>
	Sales Commissions (specify finders' fees separately)		\$ <u>0</u>
	Other Expenses (identify)		\$ <u>0</u>
	Total		<u>\$125,100</u>

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE (	OF PROC	EEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C - Countries to 1 and total expenses furnished in response to Part C - Question 4.a. This difference adjusted gross proceeds to the issuer."	s the			<u>\$5,7</u>	374,900°
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furni estimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b at	shan egual				
			Paymen Office Director Affilia	rs, 's, &		ments To Others
	Salaries and fees (es.timate.)		390.0	00	□ \$ 1.	638,000
	Purchase of real estate		<u> </u>		□ \$ <u>0</u>	
	Purchase, rental or leasing and installation of machinery and equipment .(.estimate	) 🗆 s	0		□ s	5,400
	Construction or leasing of plant buildings and facilities (estimate)		0		□ \$ <u></u>	27,000
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		0		□ \$ <u>○</u>	
	Repayment of indebtedness		0		□ s <u>○</u>	
	Working capital		0		□ \$ <u>2</u> ,	079,300
	Other (specify):		0		□ s <u>0</u>	
	*****		0		□ \$ <u>○</u>	
	Column Totals		390,0	00	□ \$ <u>4</u> ,	984,900
	* Total Payments Listed (column totals added)	s ar	e firs	\$ <u>5,3</u>	74,900	<u> </u>
	in and first out.)  D. FEDERAL SIGNATURE					
ò	ne issuer has duly caused this notice to be signed by the undersigned duly authorized person llowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities at lest of its staff, the information furnished by the issuer to any non-accredited investor purs	nd Ex	change Co	mmissi	on, upon	written re-
S	suer (Print or Type) Signature			Date		
(	CEF Holdings, LLC			Augu	st 19	, 2003
V	ame of Signer (Print or Type)  Title of Signer (Print or Type)					
1	Bruce W. Frieman Manager					
_						

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

				000000000000000000000000000000000000000	2000000000
		E. STATE SIGNATURE			
<ol> <li>Is any p of such</li> </ol>	earty described in 17 CFR 230.262 preser rule?	atly subject to any of the disqualification provisio	ns	Yes	Νο
	See A	ppendix, Column 5, for state response.			
2. The un Form D	dersigned issuer hereby undertakes to f O (17 CFR 239.500) at such times as re	urnish to any state administrator of any state in quired by state law.	which this notice is filed,	a noti	ce on
3. The unissuer t	dersigned issuer hereby undertakes to f to offerees.	urnish to the state administrators, upon written	request, information furni	shed b	y the
limited	Offering Exemption (ULOE) of the star	ner is familiar with the conditions that must be the in which this notice is filed and understands to that these conditions have been satisfied.	satisfied to be entitled to t hat the issuer claiming the	he Uni availa	iform bility
The issuer had undersigned	as read this notification and knows the duly authorized person.	contents to be true and has duly caused this no	otice to be signed on its be	ehalf b	y the
Issuer (Print	or Type)	Signature	Date		
CEF Hold:	ings, LLC	- Du relysis	August 19,	200	3
Name (Print	or Type)	Title (Print or Type)			
Bruce W.	Frieman	Manager			

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

1	2	<u> </u>	3			4		Disqual	
	Intend to 'non-a investors (Part B-	ccredited	Type of security and aggregate offering price offered in state (Part C-Item I)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		х				·			
AK		х							
AZ		х							
AR		х							
CA		х		-					
со		х							
СТ		х							
DE		х			-				
DC		х							
FL		х	Class A Membership Int	10 erest	\$5,050,000	0	0		х
GA		х				,			
НІ		X.		,					
ID		Х							
IL		х							
IN		х							
IA		Х							
KS		х							
KY		х			:				
LA		х							
ME		х							
MD		Х							
MA		Х							
MI		х							
MN		х							
MS		х							
МО		х							

#### APPENDIX

Type of security and aggregate for ferring price investor and amount purchased in State (Part B-Item 1)   Type of investor and amount purchased in State (Part C-Item 1)   Type of investor and amount purchased in State (Part C-Item 1)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part C-Item 2)   Type of investor and amount purchased in State (Part	1	2	2	3			4			5
State   Yes   No	•	to non-a	ccredited in State	and aggregate offering price offered in state		Type of investor and amount purchased in State				
MT					Accredited		Non-Accredited			
NE         X           NV         X           NH         X           NI         X           NM         X           NM         X           NM         X           NC         X           ND         X           OH         X           OK         X           OR         X           PA         X           SC         X           SD         X           TN         X           VT         X           VA         X           WA         X           WV         X           WI         X           WY         X		Yes			Investors	Amount	Investors	Amount	Yes	No
NV         X										
NH         X		ļ	Х							
NJ         X	NV		Х		·					
NM	NH	ļ	х							
NY         X         Ship Interests 1         \$100,000         0         0         X           NC         X         0         0         0         X           ND         X         0 </td <td>NJ</td> <td></td> <td>Х</td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>	NJ		Х		-					
NY         X         ship Interests         1         \$100,000         0         0         X           ND         X <td>NM</td> <td></td> <td>х</td> <td>Class A Member</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	NM		х	Class A Member						
ND         x           OH         X           OK         X           OR         X           PA         X           RI         X           SC         X           SD         X           TN         X           TX         X           UT         X           VA         X           WA         X           WV         X           WI         X           WY         X	NY		х	1		\$100,000	0	0		х
OH	NC		х							
OK	ND		х				·	· · · · · · · · · · · · · · · · · · ·		
OR	ОН		х							
PA         X           RI         X           SC         X           SD         X           TN         X           TX         X           UT         X           VT         X           VA         X           WA         X           WV         X           WI         X           WY         X	OK		х							
RI         X           SC         X           SD         X           TN         X           TX         X           UT         X           VT         X           VA         X           WA         X           WV         X           WI         X           WY         X	OR		Х							
SC	PA		х							
SD         X           TN         X           TX         X           UT         X           VT         X           VA         X           WA         X           WV         X           WI         X           WY         X	RI		х							
TN	sc		х							
TN	SD		х		·					
UT         X           VT         X           VA         X           WA         X           WV         X           WI         X           WY         X	TN		х							
UT         X           VT         X           VA         X           WA         X           WV         X           WI         X           WY         X	TX		х							
VT         X           VA         X           WA         X           WV         X           WI         X           WY         X	UT		Х							
VA         X           WA         X           WV         X           WI         X           WY         X	VT		х							
WA         X           WV         X           WI         X           WY         X	VA		х							
WV X X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
WI X X WY X			x							
WY X										
PR X	PP									